								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000  09/692, 846												346	
CLAIMS AS FILED - PART I									ENTITY		OTHER THAN		
T.	TAL CLAIMC		(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			25					RATE		4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			9 minus 3 =					X40=	:	OR	X80=	80	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			l	TOTA		OR	TOTAL	XX0		
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)		· (Colur		(Column 3)		SMAL	L ENTITY	OR	SMALL		
AMENDMENT A	Ť	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=		
	Independent	*	Minus	***		=	ſ	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLIIPLE DEF	PENDEN	CLAIM			+135=	:	OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2)					(Column 3)	,	100H.TE	- G -	<b>.</b>	ADDI1.1 EE		
AMENDMENT B		CLAIMS REMAINING		HIGH NUM		PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY				TIONAL FEE			TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╵╏	±.1.35=		1 1	+270=		
TOTAL										OR	TOTAL		
								DDIT. FE	E	OR	ADDIT. FEE		
	(Column 1) (Column 1) HIGHES				(Column 3)				. ,				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						<b> </b> -	.405					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  A									OR ,	TOTAL ADDIT. FEE		
	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	r four	nd in the a	appropriate bo	x in coli	umn 1.		